# Off to a Good Start

Research on the risk factors for early school problems and selected federal policies affecting children's social and emotional development and their readiness for school





THE CHILD MENTAL HEALTH FOUNDATIONS and AGENCIES NETWORK

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Research on the Risk Factors for
Early School Problems
and
Selected Federal Policies
Affecting Children's Social
and Emotional Development and
Their Readiness for School

by

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#### **Preface**

Social transitions, such as starting school, represent essential developmental points that move children toward divergent health and adjustment outcomes. Children who do not manage the first years of elementary school smoothly have greater problems with later behavioral, emotional, academic, and social adaptation. Research clearly documents the predictive power of cognitive impairment and neurodevelopmental disabilities for later academic failure. We suggest, however, that behavioral and social risk factors appear to be important predictors of poor school outcome as well. Medical care, early childhood care and education, child protection, and behavioral health systems play important roles in the identification, evaluation, and treatment of children with problems that emerge prior to and during the early school years. A shared goal for these systems is early identification and intervention—describing and assisting the 'at-risk' child and his or her family, thereby eliminating or reducing academic and behavioral difficulties during the beginning of school. Far-reaching achievement of such goals can be facilitated by the establishment, implementation, and monitoring of appropriate federal and state policies.

To examine the responsiveness of federal policies to the known risk and protective factors for academic and behavioral problems at the beginning of school, the Child Mental Health Foundations and Agencies Network, a group composed of representatives from the federal government and national foundations, commissioned the two companion papers included in this volume.

The first paper, "Risk Factors for Academic and Behavioral Problems at the Beginning of School" (Huffman, Mehlinger, and Kerivan), reviews the last two decades of relevant scientific literature in order to identify risk factors associated with problems during entry into school. OVID Medline and Internet GratefulMed literature searches were done, using search terms of "school entry," "kindergarten," "nursery schools," "special education," "transition to school," as well as "risk," "protective," and "intervention." The search yielded articles published between 1980 and 1998, and was limited by age (0-17 years), document (journal articles only, including review, theoretical, and commentary articles), and language (published in English). Within this set of articles, particular attention was paid to behavioral and social risk factors examined via longitudinal designs. A longitudinal approach allowed the consideration of causal risk factors for a defined set of outcomes in kindergarten and first grade (approximate ages 5-7 years). Risk factors as well as protective factors were described at individual, family and peer, neighborhood and community, and sociocultural levels. Salient outcomes included impaired language, motor, and social capacities, special education status, grade retention, behavioral problems, and learning disabilities.

Both basic and intervention studies indicate that risk for children's problems during early elementary school is associated with several identified factors (e.g.,

low birth weight, low IQ, early behavior and relationship problems, and low socioeconomic status). Multiple risk factors place children at greater than chance odds of failing as they begin school; this suggests that early interventions must be broadly based and not merely directed at a single target risk factor. Fewer studies have focused on protective factors—those factors associated with improved outcomes for at-risk groups of children.

The use of rigorous criteria to identify causal risk and protective factors can improve the predictive power of future research. In addition, an adequate understanding of the scientific literature on risk is critical for building more evidence-based policies that have the potential to affect the lives of large numbers of children. With increasing national attention to the needs of children and given accelerated knowledge in the basic neurosciences about developmental neural plasticity, a review of the scientific literature on risk for problems in early school years vís a vís federal policies was timely.

The second paper, entitled "Resource Guide to Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School" (Cavanaugh, Lippitt, and Moyo), identifies selected federal policies that address the identified risk factors in Huffman, et al. Federal policies are examined in five domains: child health, early childhood care and education, family support and child welfare, child nutrition, and socioeconomic status.

This review found that the federal government is making a major contribution to the emotional and behavioral health of young children and their families through Medicaid expansions, the passage of the State Child Health Insurance Program, and demonstration programs such as Starting Early Starting Smart. While some federal policies are complementary, many overlap, illustrating both the complexity of collaborative efforts on the part of the federal agencies and the diversity of partnerships supporting the behavioral and emotional health of young children. Current changes in the organization and financing of health care delivery, coupled with the complex interaction of federal policies that address young children, affect the efficiency and effectiveness of federal policy responses to the identified risk factors.

Emotional and behavioral health care for young children cuts across a number of disciplines. The multiplicity of federal agencies addressing similar concerns creates fragmentation of resources and engenders difficulty in coordinating efforts to ensure that all young children's emotional and behavioral health needs are met. Equally significant are the gaps in federal policy and the inadequacy of federal programs to reach all young children.

A seamless, multidisciplinary system of early childhood care that transcends traditional federal policy boundaries must be designed and implemented. Research is needed on new models for organizing, financing, and delivering behavioral health care for young children, and efforts must be made to translate research findings into practice.

In our shared professional experience, the focus on young children and their families has never been greater. The mental health and emotional development of children have received the attention of the president, the vice president, and

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their wives. The White House Conference on Mental Health included an acknowledgement that the emotional development and mental health of children are directly affected by early childhood experiences. Child development and early childhood educational experts have asserted the importance of young children's relationships with significant adults for some time; advances in neuroscience and infant brain development now provide additional explanation and support for these conclusions.

Numerous reports on these issues have been written in the past, yet the problems persist. The current opportunity to implement a comprehensive early childhood policy should not be missed. It is essential to build on past efforts and to identify champions in the highest levels of government, philanthropy, and business. Leaders in the social and medical sciences must join those in other sectors of society to emphasize the importance of early childhood experience on future success both in education and in the workplace. Only with the commitment of resources from the broad range of involved agencies and foundations, and the collaboration of scientists with policy makers, can we hope to improve the chances for at-risk children to succeed as they begin school.

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#### **Abbreviations Used in This Book**

ACF Administration for Children and Families

ACYF Administration on Children, Youth, and Families

ADHD attention deficit/hyperactivity disorder
AFDC Aid to Families with Dependent Children

AGI Adjusted Gross Income ANCOVA analysis of covariance ANOVA analysis of variance

ASFA Adoption and Safe Families Act

BBA Balanced Budget Act

CACFP Child and Adult Care Food Program
CAPTA Child Abuse Prevention and Treatment Act

CBCL Child Behavior Checklist

CCDBG Child Care and Development Block Grant

CCDF Child Care and Development Fund

CCDP Comprehensive Child Development Program

CDA Child Development Associate
CDF Children's Defense Fund

CHIP Children's Health Insurance Program

CISS Community Integrated Services Systems Grants

CMHC Community Mental Health Centers
CMHS Center for Mental Health Services

CMHSBG Community Mental Health Services Block Grant

CNS central nervous system CRT complex reaction time

CSAT Center for Substance Abuse Treatment
CSHCN Children with Special Health Care Needs

CWLA Child Welfare League of America
DCTC Dependent Care Tax Credit

DDST Denver Developmental Screening Test
DHHS Department of Health and Human Services

DOE Department of Education

ECCE Early Childhood Care and Education

EITC Earned Income Tax Credit ELBW extremely low birth weight

EPSDT Early and Periodic Screening, Diagnosis, and Treatment Program

ESEA Elementary and Secondary Education Act FACES Family and Child Experiences Survey

FAN Child Mental Health Foundations and Agencies Network

FAPE Free Appropriate Public Education

FH family history

FMLA Family and Medical Leave Act

FPFSA Family Preservation and Family Support Act

FPL Federal Poverty Level

FY Fiscal Year

GAO General Accounting Office

GPRA Government Performance and Results Act HCFA Health Care Financing Administration

HEDIS Health Plan Employer Data and Information Set

#### Off to a Good Start | Risk Factors and Selected Federal Policies

HMO Health Maintenance Organization

HRSA Health Resources and Services Administration IDEA Individuals with Disabilities Education Act

IEP Individual Education Plan

IFSP Individualized Family Services Plan
IHDP Infant Health and Development Program
INS Immigration and Naturalization Service

IQ intelligence quotient
IRS Internal Revenue Service

JOBS Job Opportunities and Basic Skills Training

LBW low birth weight LD learning disability

LEA Local Educational Authority
MANOVA multiple analyses of variance
MCH Maternal and Child Health
MCHB Maternal and Child Health Bureau
MCHBG Maternal and Child Health Block Grant

NAHSC National Association of Homes and Services for Children

NASW National Association of Social Workers

NCHCANI National Clearinghouse on Child Abuse and Neglect Information

NEGP National Education Goals Panel
NIH National Institutes of Health
NIMH National Institute of Mental Health
OBRA Omnibus Budget Reconciliation Act

OR odds ratio

OSEP Office of Special Education Programs

OSERS Office of Special Education and Rehabilitative Services

PCCM Primary Care Case Management

PKU Phenylketonuria

PPO Preferred Provider Organization

PRWORA Personal Responsibility and Work Opportunity Reconciliation Act

RISC Risk Index of School Capability

SAPTBG Substance Abuse Prevention and Treatment Block Grant
SAMHSA Substance Abuse and Mental Health Services Administration

SD standard deviation
SES socioeconomic status
SESS Starting Early Starting Smart
SSA Social Security Administration
SSBG Social Services Block Grant
SSI Supplemental Security Income

SPRANS Special Projects of Regional or National Significance

TANF Temporary Assistance to Needy Families
TEFRA Tax Equity and Fiscal Responsibility Act

VLBW very low birth weight

WIC Special Supplemental Nutrition Program for Women, Infants, and Children

WISC Wechsler Intelligence Scale for Children

WISC-R Wechsler Intelligence Scale for Children - Revised

WRAT Wide-Range Achievement Test